

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 139

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Friends Of Susan, 2010, Inc.					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First James	MI F	Last Sullivan	Suffix		
4. TREASURER ADDRESS						
Street Address 41 High Farms Rd		City West Hartford		State CT	Zip Code 06107	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Attorney General				
8. CANDIDATE NAME						
Title	First Susan	MI	Last Bysiewicz	Suffix		
9. TYPE OF REPORT						
April 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
01/12/2010 thru 03/31/2010						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		James Sullivan		04/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Susan,2010, Inc.	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$214,045.00	\$214,045.00
15. Receipts from Other Committees (Sections C1 + C2)	\$211,146.25	\$211,146.25
16. Other Monetary Receipts (Section D-I)	\$2,000.00	\$2,000.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$427,191.25	\$427,191.25
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$427,191.25	\$427,191.25
20. Expenses Paid by Committee (Section N)	\$81,472.81	\$81,472.81
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$345,718.44	\$345,718.44
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$35,825.20	\$35,825.20
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$305.96	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$305.96	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A**\$0.00****B. Itemized Contributions from Individuals**

Last Name Dooley	First Name Francis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0072	Amount of Contribution
Residential Street Address 229 Litchfield Rd	City Norfolk	State CT	Zip Code 06058	Date Received 01/29/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00	
Last Name Avalone	First Name Martin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0015	Amount of Contribution
Residential Street Address 19 Windy Ridge Pl	City Wilton	State CT	Zip Code 06897	Date Received 01/29/2010		
Principal Occupation President	Name of Employer Working Media Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	
Last Name nachim	First Name ira	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0179	Amount of Contribution
Residential Street Address 155 Brewster St	City Bridgeport	State CT	Zip Code 06605	Date Received 01/31/2010		
Principal Occupation banker	Name of Employer amalgamated bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name pehota	First Name Judith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0194	Amount of Contribution
Residential Street Address 549 East St	City Middletown	State CT	Zip Code 06457	Date Received 01/31/2010		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Favreau	First Name Pamala	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0086	Amount of Contribution \$500.00
Residential Street Address 52 St Moritz Cir	City Willington	State CT	Zip Code 06279	Date Received 02/01/2010		
Principal Occupation Attorney	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Brzezinski	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0033	Amount of Contribution \$500.00
Residential Street Address 50 Wolfe St	City Alexandria	State VA	Zip Code 22314	Date Received 02/01/2010		
Principal Occupation Attorney	Name of Employer McGuire Woods LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Kolodney	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0139	Amount of Contribution \$2,000.00
Residential Street Address 24 Mill Spring Ln	City Stamford	State CT	Zip Code 06903	Date Received 02/01/2010		
Principal Occupation Reinsurance Consultant	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Brown	First Name Van	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0031	Amount of Contribution \$2,000.00
Residential Street Address 925 River Rd	City Mystic	State CT	Zip Code 06355	Date Received 02/02/2010		
Principal Occupation investments	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Graham	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0109	Amount of Contribution \$5.00
Residential Street Address 156 Pierremount Ave	City New Britain	State CT	Zip Code 06053	Date Received 02/04/2010		
Principal Occupation Finance Director	Name of Employer Friends of Susan 2010		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name dolinksly	First Name david	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0068	Amount of Contribution \$500.00
Residential Street Address 73 Scoville Rd	City West Cornwall	State CT	Zip Code 06796	Date Received 02/04/2010		
Principal Occupation consultant	Name of Employer Dolinsky Associates		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name DASILVA	First Name RAUL	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0061	Amount of Contribution \$250.00
Residential Street Address 4 Skiff St	City Hamden	State CT	Zip Code 06514	Date Received 02/05/2010		
Principal Occupation book author	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Banic	First Name Shirley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0019	Amount of Contribution \$50.00
Residential Street Address 46 Geer St	City Cromwell	State CT	Zip Code 06416	Date Received 02/06/2010		
Principal Occupation RN	Name of Employer Lincoln Technical School		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Brunstad	First Name G. Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0032	Amount of Contribution \$2,000.00
Residential Street Address 19 Garnet Hill Ln	City Avon	State CT	Zip Code 06001	Date Received 02/12/2010		
Principal Occupation Attorney	Name of Employer dechert		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name pacelli	First Name louis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0186	Amount of Contribution \$1,000.00
Residential Street Address 107 Foxon Rd	City East Haven	State CT	Zip Code 06513	Date Received 02/12/2010		
Principal Occupation Attorney	Name of Employer self employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Post	First Name Connie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0199	Amount of Contribution \$30.00
Residential Street Address 25 Charles Mary Dr	City Middletown	State CT	Zip Code 06457	Date Received 02/13/2010		
Principal Occupation retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		
Last Name Braz	First Name Tony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0028	Amount of Contribution \$2,000.00
Residential Street Address 34 County Rd	City Simsbury	State CT	Zip Code 06070	Date Received 02/13/2010		
Principal Occupation Attorney	Name of Employer Hamilton Sundstrand Corp.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Mammano	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0160	Amount of Contribution \$375.00
Residential Street Address 66 Malletts Ln	City New Milford	State CT	Zip Code 06776	Date Received 02/15/2010		
Principal Occupation Consultant	Name of Employer The Mallett Group, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
Last Name Dembinski	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0065	Amount of Contribution \$500.00
Residential Street Address 94 Jackson Rd	City Hamden	State CT	Zip Code 06517	Date Received 02/15/2010		
Principal Occupation Construction Executive	Name of Employer R2D Corp		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Treibick	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0237	Amount of Contribution \$2,000.00
Residential Street Address 21 Topping Rd	City Greenwich	State CT	Zip Code 06831	Date Received 02/15/2010		
Principal Occupation Executive	Name of Employer Alexcom, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name catafino	First Name armand	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0046	Amount of Contribution \$1,500.00
Residential Street Address 455 Bic Dr	City Milford	State CT	Zip Code 06461	Date Received 02/15/2010		
Principal Occupation President	Name of Employer Northeast Electronics Corp		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Giannattasio	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0103	Amount of Contribution
Residential Street Address 63 Stoneboat Rd	City Guilford	State CT	Zip Code 06437	Date Received 02/18/2010		
Principal Occupation Milford Barrell Company	Name of Employer Milford Barrel Co Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Trebisacci	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0236	Amount of Contribution
Residential Street Address 388 River Rd	City Pawcatuck	State CT	Zip Code 06379	Date Received 02/18/2010		
Principal Occupation Lawyer	Name of Employer TrebisacciLaw		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Schwartz	First Name Marvin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0219	Amount of Contribution
Residential Street Address 247 W Hyerdale Dr	City Goshen	State CT	Zip Code 06756	Date Received 02/18/2010		
Principal Occupation Lawyer	Name of Employer Sullivan & Cromwell		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Merriam	First Name Dwight	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0174	Amount of Contribution
Residential Street Address 80 Latimer Ln	City Weatogue	State CT	Zip Code 06089	Date Received 02/18/2010		
Principal Occupation lawyer	Name of Employer Robinson & Cole LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Rigoglioso	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0207	Amount of Contribution
Residential Street Address 163 Inwood Rd	City Fairfield	State CT	Zip Code 06825	Date Received 02/18/2010		
Principal Occupation Attorney	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Ellis	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0079	Amount of Contribution
Residential Street Address 149 Colonial Rd	City Manchester	State CT	Zip Code 06040	Date Received 02/18/2010		
Principal Occupation President	Name of Employer First Hartford Realty		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Federman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0088	Amount of Contribution
Residential Street Address 5 Wyeth Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 02/19/2010		
Principal Occupation accountant	Name of Employer Federman, Lally & Remis		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$250.00						
Last Name Federman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0089	Amount of Contribution
Residential Street Address 5 Wyeth Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 02/19/2010		
Principal Occupation accountant	Name of Employer Federman, Lally & Remis		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$250.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name armstrong		First Name thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0014		Amount of Contribution	
Residential Street Address 101 Ayrshire Ln			City Avon		State CT	Zip Code 06001		Date Received 02/20/2010				
Principal Occupation attorney			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Zafiris		First Name James		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0254		Amount of Contribution		
Residential Street Address 95 Selter Hill Rd			City Wallingford			State CT		Zip Code 06492		Date Received 02/20/2010		
Principal Occupation Franchise Manager			Name of Employer Jz lue DBA Dunkin Donuts			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$2,000.00		\$2,000.00	

Last Name Decaprio		First Name phillips		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0062	Amount of Contribution
Residential Street Address 297 Twin Lakes Rd		City North Branford		State CT	Zip Code 06471		Date Received 02/21/2010	
Principal Occupation CPA		Name of Employer Decaprio, Fazzuoli & D'Agostino			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

Last Name Embry		First Name Stephen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0081	Amount of Contribution \$2,000.00
Residential Street Address 389 Grassy Hill Rd		City Old Lyme		State CT	Zip Code 06371	Date Received 02/21/2010		
Principal Occupation Attorney		Name of Employer Embry & Neusma			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Caplan	First Name Gordon	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0040	Amount of Contribution
Residential Street Address 20 Brynwood Ln	City Greenwich	State CT	Zip Code 06831	Date Received 02/23/2010	
Principal Occupation Attorney	Name of Employer Willkie Farr & Gallagher LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	
Last Name Rothman	First Name Howard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0210	Amount of Contribution
Residential Street Address 133 Newsfield Ave	City Stamford	State CT	Zip Code 06905	Date Received 02/25/2010	
Principal Occupation Executive	Name of Employer Vision Financial Markets LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	
Last Name Rothman	First Name Gayle	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0211	Amount of Contribution
Residential Street Address 133 Newsfield Ave	City Stamford	State CT	Zip Code 06905	Date Received 02/25/2010	
Principal Occupation Language pathologist	Name of Employer Eagle High School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	
Last Name Brickley	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0030	Amount of Contribution
Residential Street Address 80 Sunrise Ter	City Wethersfield	State CT	Zip Code 06109	Date Received 02/25/2010	
Principal Occupation Engineer	Name of Employer Close, Jensen and Miller	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Kluepfel	First Name Cornelius	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0135	Amount of Contribution
Residential Street Address 926 Lantern Hill Rd	City Ledyard	State CT	Zip Code 06339	Date Received 02/27/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name McGuire	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0169	Amount of Contribution
Residential Street Address 16 Rocaton Rd	City Darien	State CT	Zip Code 06820	Date Received 02/28/2010		
Principal Occupation Financial Services	Name of Employer Bank of America Merrill Lynch		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Perricone	First Name Nicholas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0195	Amount of Contribution
Residential Street Address 639 Research Pkwy	City Meriden	State CT	Zip Code 06450	Date Received 03/01/2010		
Principal Occupation Executive	Name of Employer NV Perricone LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name James	First Name Harry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0127	Amount of Contribution
Residential Street Address 257	City South Glastonbury	State CT	Zip Code 06073	Date Received 03/01/2010		
Principal Occupation owner	Name of Employer H & J Contractors inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name parlato		First Name Raymond		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0192		Amount of Contribution	
Residential Street Address 107 Broad St			City Danielson		State CT	Zip Code 06239		Date Received 03/01/2010				
Principal Occupation attorney			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00			\$500.00	

Last Name ALEXY		First Name LISA		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0005	Amount of Contribution
Residential Street Address 392 Saybrook Rd			City Higganum		State CT	Zip Code 06441		Date Received 03/01/2010
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Phillips		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0196	Amount of Contribution
Residential Street Address 200 N Cove Rd		City Old Saybrook		State CT	Zip Code 06475	Date Received 03/01/2010		
Principal Occupation Advertising		Name of Employer Osprey Consulting			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	

Last Name Eremita						First Name Joseph				MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card				Contribution ID # 0082		Amount of Contribution			
Residential Street Address 12 Auburn Rd							City West Hartford					State CT		Zip Code 06119			Date Received 03/01/2010				
Principal Occupation Retired							Name of Employer None					Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____									
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative											Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Aggregate Contributions \$2,000.00				\$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Brenneman	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0029	Amount of Contribution \$500.00
Residential Street Address 15 Twin Pond Dr	City Unionville	State CT	Zip Code 06085	Date Received 03/02/2010		
Principal Occupation registrar	Name of Employer town of farmington		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name carr	First Name cynthia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0041	Amount of Contribution \$100.00
Residential Street Address 44 Brookwood Dr	City Greenwich	State CT	Zip Code 06525	Date Received 03/02/2010		
Principal Occupation lawyer	Name of Employer save the children federation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Berkoff	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0024	Amount of Contribution \$375.00
Residential Street Address 17 Cedar St	City Stamford	State CT	Zip Code 06902	Date Received 03/03/2010		
Principal Occupation retail	Name of Employer BevMax Retail		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
Last Name Berkoff	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0025	Amount of Contribution \$375.00
Residential Street Address 109 Saw Mill Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/03/2010		
Principal Occupation retail	Name of Employer Bevmax		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Mackinnon	First Name Allan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0156	Amount of Contribution \$2,000.00
Residential Street Address 24 Boardman Rd	City East Haddam	State CT	Zip Code 06423	Date Received 03/03/2010		
Principal Occupation Farmer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Jarboe	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0129	Amount of Contribution \$250.00
Residential Street Address 71 Aiken St	City Norwalk	State CT	Zip Code 06851	Date Received 03/03/2010		
Principal Occupation Attorney	Name of Employer Lovejoy & Rimer, PC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name sullivan	First Name martin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0233	Amount of Contribution \$1,000.00
Residential Street Address 235 Great Neck Rd	City Waterford	State CT	Zip Code 06385	Date Received 03/03/2010		
Principal Occupation Auto Dealer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name WADE	First Name CECIL	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0246	Amount of Contribution \$100.00
Residential Street Address 315 Middlesex Rd	City Darien	State CT	Zip Code 06820	Date Received 03/03/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Prucker	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0201	Amount of Contribution
Residential Street Address 510 Buckley Hwy	City Union	State CT	Zip Code 06076	Date Received 03/03/2010		
Principal Occupation Attorney	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name wartell	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0248	Amount of Contribution
Residential Street Address 202-47 Soundview Ave	City Stamford	State CT	Zip Code 06902	Date Received 03/03/2010		
Principal Occupation manager of mis	Name of Employer Bevmax LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Van Munching	First Name Leo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0242	Amount of Contribution
Residential Street Address 800 Hollow Tree Ridge Rd	City Darien	State CT	Zip Code 06820	Date Received 03/03/2010		
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Van Munching	First Name Peggy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0243	Amount of Contribution
Residential Street Address 800 Hollow Tree Ridge Rd	City Darien	State CT	Zip Code 06820	Date Received 03/03/2010		
Principal Occupation Homemaker	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Bunnell	First Name Douglas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0034	Amount of Contribution \$500.00
Residential Street Address 79 Warncke Rd	City Wilton	State CT	Zip Code 06897	Date Received 03/03/2010		
Principal Occupation Psychologist	Name of Employer The Renfrew Center		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Oswecki	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0184	Amount of Contribution \$500.00
Residential Street Address 436 Rainbow Rd	City Windsor	State CT	Zip Code 06095	Date Received 03/03/2010		
Principal Occupation Attorney	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name cohen	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0055	Amount of Contribution \$300.00
Residential Street Address 26 Gault Park Dr	City Westport	State CT	Zip Code 06880	Date Received 03/04/2010		
Principal Occupation executive consultant	Name of Employer B&T textile Acquisitions		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
Last Name Loret de Mola	First Name Elisa	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0154	Amount of Contribution \$375.00
Residential Street Address 65 High Ridge Rd	City Stamford	State CT	Zip Code 06905	Date Received 03/05/2010		
Principal Occupation Controller	Name of Employer BevMax		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Whitcombe	First Name Nathaniel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0251	Amount of Contribution \$500.00
Residential Street Address 60 Deer Hill Ave	City Danbury	State CT	Zip Code 06810	Date Received 03/07/2010		
Principal Occupation Lawyer	Name of Employer Law Ofc of Nathaniel B Whitcombe LLC		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Marcuda	First Name Marlene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0163	Amount of Contribution \$200.00
Residential Street Address 15 Arrowhead Rd	City Westport	State CT	Zip Code 06880	Date Received 03/08/2010		
Principal Occupation Attorney	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Garvin	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0099	Amount of Contribution \$1,000.00
Residential Street Address 223 Cedar Rd	City Mystic	State CT	Zip Code 06355	Date Received 03/09/2010		
Principal Occupation CEO	Name of Employer Kerzner International		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Otzel	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0185	Amount of Contribution \$2,000.00
Residential Street Address 23 Flax Mill Ter	City Milford	State CT	Zip Code 06461	Date Received 03/09/2010		
Principal Occupation Attorney	Name of Employer Kapusta & Otzel		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Donaldson	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0070	Amount of Contribution
Residential Street Address 125 Clover St	City Middletown	State CT	Zip Code 06457	Date Received 03/09/2010		
Principal Occupation Insurance Agent	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Scheuer	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0218	Amount of Contribution
Residential Street Address 217 Park St	City New Canaan	State CT	Zip Code 06840	Date Received 03/09/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						
Last Name Anagnos	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0008	Amount of Contribution
Residential Street Address 321 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 03/09/2010		
Principal Occupation Seafood Distributor	Name of Employer City Fish Market	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Cavallaro	First Name Antonio	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0047	Amount of Contribution
Residential Street Address 18 Stonehill Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 03/09/2010		
Principal Occupation President	Name of Employer Airport Auto Body	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name DellaCamera		First Name Ralph		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0064	Amount of Contribution
Residential Street Address 11 Millbrook Rd W			City Stamford		State CT	Zip Code 06902	Date Received 03/09/2010	
Principal Occupation Trader			Name of Employer DellaCamera Capital Management			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	

Last Name Lee		First Name K.J		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0149		Amount of Contribution		
Residential Street Address 219 Uncas Point Rd			City Guilford			State CT		Zip Code 06437		Date Received 03/10/2010		
Principal Occupation Physician			Name of Employer MD, FACS, PC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00		 \$1,000.00	

Last Name krumeich		First Name edward		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0143	Amount of Contribution \$100.00
Residential Street Address 16 Perryridge Rd		City Greenwich		State CT	Zip Code 06830	Date Received 03/10/2010		
Principal Occupation attorney		Name of Employer ivey, barnum & O'mara			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name marcus		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0164	Amount of Contribution \$250.00
Residential Street Address 24 Lindcrest Dr		City Danbury		State CT	Zip Code 06811		Date Received 03/10/2010	
Principal Occupation retired		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Baker	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0017	Amount of Contribution \$2,000.00
Residential Street Address 44 John St	City Greenwich	State CT	Zip Code 10003	Date Received 03/11/2010		
Principal Occupation Real Estate Developer	Name of Employer National Realty Development Corporation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name hauser	First Name Debra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0114	Amount of Contribution \$2,000.00
Residential Street Address 396 Livingston St	City New Haven	State CT	Zip Code 06511	Date Received 03/11/2010		
Principal Occupation CT Weight & Wellness	Name of Employer clinical psychologist		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name stewart	First Name martha	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0228	Amount of Contribution \$2,000.00
Residential Street Address 125 Clover St	City Middletown	State CT	Zip Code 06457	Date Received 03/11/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Hurwitz	First Name Lewis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0119	Amount of Contribution \$375.00
Residential Street Address 682 North St	City Milford	State CT	Zip Code 06461	Date Received 03/11/2010		
Principal Occupation attorney	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Kraut	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0142	Amount of Contribution \$200.00
Residential Street Address 24 Lower Cross Rd	City Greenwich	State CT	Zip Code 06831	Date Received 03/14/2010		
Principal Occupation Executive	Name of Employer G.A Kraut Company Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Fredericks	First Name Wesley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0094	Amount of Contribution \$1,000.00
Residential Street Address 221 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840	Date Received 03/14/2010		
Principal Occupation attorney	Name of Employer Goodwin Procter		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Brady	First Name Francis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0027	Amount of Contribution \$500.00
Residential Street Address 14 Thronebrook Rd	City West Granby	State CT	Zip Code 06090	Date Received 03/14/2010		
Principal Occupation Attorney	Name of Employer murtha cullina llp		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Ferro	First Name Valerie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0090	Amount of Contribution \$300.00
Residential Street Address 88 Daventry Hill Rd	City Avon	State CT	Zip Code 06001	Date Received 03/15/2010		
Principal Occupation Manager	Name of Employer Weston Solutions		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Mellen	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0172	Amount of Contribution
Residential Street Address 30 Shady Ln	City Monroe	State CT	Zip Code 06468	Date Received 03/15/2010		
Principal Occupation Executive	Name of Employer Town Fair Tire		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Cosgrove	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0058	Amount of Contribution
Residential Street Address 99 Todd HI	City Branford	State CT	Zip Code 06405	Date Received 03/15/2010		
Principal Occupation none	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Mellen	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0173	Amount of Contribution
Residential Street Address 30 Shady Ln	City Monroe	State CT	Zip Code 06468	Date Received 03/16/2010		
Principal Occupation Homemaker	Name of Employer homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Lomeli	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0153	Amount of Contribution
Residential Street Address 38 Woodbridge Rd	City East Longmeadow	State MA	Zip Code 01028	Date Received 03/16/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hogan	First Name Beth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0117	Amount of Contribution
Residential Street Address 10 Wildwood Dr	City Niantic	State CT	Zip Code 06378	Date Received 03/20/2010		
Principal Occupation Project Developer	Name of Employer Connection inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Alam	First Name Saeeda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0003	Amount of Contribution
Residential Street Address 568 River Rd	City Newburgh	State NY	Zip Code 12550	Date Received 03/20/2010		
Principal Occupation Homemaker	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Laraia	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0146	Amount of Contribution
Residential Street Address 739 Prospect Ave	City Hartford	State CT	Zip Code 06105	Date Received 03/20/2010		
Principal Occupation consultant	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Muslim	First Name Adnaan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0177	Amount of Contribution
Residential Street Address 102 Grennan Rd	City West Hartford	State CT	Zip Code 06107	Date Received 03/20/2010		
Principal Occupation Vice President	Name of Employer Mission Control Inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Barnes	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0021	Amount of Contribution \$500.00
Residential Street Address 165 Barcelona Dr	City Boulder	State CO	Zip Code 80303	Date Received 03/21/2010		
Principal Occupation Executive	Name of Employer MWH Global		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Adinolfi	First Name Justin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0002	Amount of Contribution \$500.00
Residential Street Address 30 N Pond Rd	City Cheshire	State CT	Zip Code 06410	Date Received 03/21/2010		
Principal Occupation consultant	Name of Employer technology resource solutions		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name leinwand	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0150	Amount of Contribution \$1,000.00
Residential Street Address 675 E St NW Apt 210	City Washington	State DC	Zip Code 20004	Date Received 03/21/2010		
Principal Occupation educational researcher	Name of Employer American Institute for research		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Mack	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0155	Amount of Contribution \$150.00
Residential Street Address 521 Forrest Rd	City Suffield	State CT	Zip Code 06093	Date Received 03/22/2010		
Principal Occupation Chief Operations Manager	Name of Employer Mack Brick Co		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name O'keefe		First Name sean		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0182	Amount of Contribution
Residential Street Address 145 Cedarwood			City Newington		State CT	Zip Code 06111		Date Received 03/22/2010
Principal Occupation ceo			Name of Employer okee industries			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	

Last Name tuck		First Name donna		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0239	Amount of Contribution
Residential Street Address 38 Anderson Rd		City Sherman		State CT	Zip Code 06784	Date Received 03/22/2010		
Principal Occupation realtor		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		

Last Name Pia Jr		First Name Kenneth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0197		Amount of Contribution	
Residential Street Address 346 Willow Rd			City Guilford		State CT	Zip Code 06437		Date Received 03/22/2010				
Principal Occupation CPA			Name of Employer Meyers, Harrison & Pia, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00		\$2,000.00		

Last Name Madsen		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0157	Amount of Contribution
Residential Street Address 28 Cider Mill Hts			City North Granby		State CT	Zip Code 06060	Date Received 03/22/2010	
Principal Occupation attorney			Name of Employer Madsen, Prestley, Parenteau			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name glover	First Name paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0104	Amount of Contribution
Residential Street Address 648 Fern St	City West Hartford	State CT	Zip Code 06107	Date Received 03/22/2010		
Principal Occupation consultant	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Golas	First Name Adam	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0106	Amount of Contribution
Residential Street Address 168 Batterson Point Rd	City Farmington	State CT	Zip Code 06032	Date Received 03/22/2010		
Principal Occupation Owner	Name of Employer Zag Magazine and Tool		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name CASARELLA	First Name KARLENE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0044	Amount of Contribution
Residential Street Address 76 Highland Park	City Enfield	State CT	Zip Code 06082	Date Received 03/22/2010		
Principal Occupation tax preparer	Name of Employer Karlene M. Casarella (self employed)		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Caissy	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0039	Amount of Contribution
Residential Street Address 1903 Burr St	City Fairfield	State CT	Zip Code 06824	Date Received 03/23/2010		
Principal Occupation comercial r.e developer	Name of Employer Stratford Development Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Barrett	First Name Campbell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0022	Amount of Contribution \$250.00
Residential Street Address PO Box 261	City Durham	State CT	Zip Code 06422	Date Received 03/23/2010		
Principal Occupation Attorney	Name of Employer Budlong & Barrett LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Farcus	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0085	Amount of Contribution \$200.00
Residential Street Address 56 Lyon Ter	City Bridgeport	State CT	Zip Code 06604	Date Received 03/23/2010		
Principal Occupation attorney	Name of Employer Law Offices of Joan I. Farcus		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name panovka	First Name Robin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0189	Amount of Contribution \$2,000.00
Residential Street Address 262 Central Park W	City New York	State NY	Zip Code 10024	Date Received 03/23/2010		
Principal Occupation attorney	Name of Employer Wachtell, Lipton, Rosen, & Katz		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Resor	First Name Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0206	Amount of Contribution \$2,000.00
Residential Street Address 809 Weed St	City New Canaan	State CT	Zip Code 06840	Date Received 03/23/2010		
Principal Occupation retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Sackler MD	First Name Kathe A	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0213	Amount of Contribution
Residential Street Address 15 E 62nd St	City New York	State NY	Zip Code 10065	Date Received 03/23/2010		
Principal Occupation n/a	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name mandell	First Name bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0162	Amount of Contribution
Residential Street Address 30 Lois Dr	City Enfield	State CT	Zip Code 06525	Date Received 03/23/2010		
Principal Occupation owner	Name of Employer data mail inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name onarto	First Name Alfred	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0183	Amount of Contribution
Residential Street Address 54 Howard St	City New Haven	State CT	Zip Code 06513	Date Received 03/24/2010		
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Kosinski	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0141	Amount of Contribution
Residential Street Address 45 Park Pl Apt 406	City New Britain	State CT	Zip Code 06052	Date Received 03/24/2010		
Principal Occupation attorney	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Eitvydas	First Name Jim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0077	Amount of Contribution
Residential Street Address 94 Pine HI	City Burlington	State CT	Zip Code 06013	Date Received 03/24/2010		
Principal Occupation automobile	Name of Employer Tom's Foreign Auto Parts		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Jaff	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0126	Amount of Contribution
Residential Street Address 18 Timberline Dr	City Farmington	State CT	Zip Code 06032	Date Received 03/24/2010		
Principal Occupation Attorney	Name of Employer Advocacy for Patients with Chronic Illness		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Barakos	First Name Eve	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0020	Amount of Contribution
Residential Street Address 219 Old Salt Works Rd	City Westbrook	State CT	Zip Code 06498	Date Received 03/24/2010		
Principal Occupation Teacher	Name of Employer Westbrook Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Ugalde	First Name gregory	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0241	Amount of Contribution
Residential Street Address 15 South Rd	City Burlington	State CT	Zip Code 06013	Date Received 03/24/2010		
Principal Occupation President & CLO (Home Builder/Developer)	Name of Employer T&M Building Co., Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name George Knight	First Name George Knight	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0100	Amount of Contribution
Residential Street Address 798 Chapel St	City New Haven	State CT	Zip Code 06510	Date Received 03/24/2010		
Principal Occupation architect	Name of Employer knight architecture llc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name ceriello	First Name elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0048	Amount of Contribution
Residential Street Address 20 Westfield Rd	City West Hartford	State CT	Zip Code 06119	Date Received 03/24/2010		
Principal Occupation labor relations manager/attorney	Name of Employer utc/otis elevator		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
Last Name deegan	First Name martha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0063	Amount of Contribution
Residential Street Address 100 Brookside Dr	City Greenwich	State CT	Zip Code 06831	Date Received 03/24/2010		
Principal Occupation Attorney	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
Last Name Eisenberg	First Name Mitchell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0076	Amount of Contribution
Residential Street Address 154 Glenarden Dr	City Fairfield	State CT	Zip Code 06824	Date Received 03/25/2010		
Principal Occupation attorney	Name of Employer Web Media Brands		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name rogers	First Name john	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0209	Amount of Contribution
Residential Street Address 53 Duck Pond Xing	City Plantsville	State CT	Zip Code 06479	Date Received 03/25/2010		
Principal Occupation VP and Senior Large Officer	Name of Employer The Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Harrington	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0112	Amount of Contribution
Residential Street Address 40 Husted Ln	City Greenwich	State CT	Zip Code 06830	Date Received 03/25/2010		
Principal Occupation President	Name of Employer Spectrum Capitol		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Clebowicz	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0052	Amount of Contribution
Residential Street Address 294 Moorland Rd	City Kensington	State CT	Zip Code 06037	Date Received 03/25/2010		
Principal Occupation none	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name bysiewicz	First Name gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0037	Amount of Contribution
Residential Street Address 38 Red Hill Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 03/25/2010		
Principal Occupation Administrator	Name of Employer University of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name cartelli	First Name thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0043	Amount of Contribution \$100.00
Residential Street Address 12 Carol Dr	City Ivoryton	State CT	Zip Code 06442	Date Received 03/25/2010		
Principal Occupation attorney	Name of Employer Fortuna & Cartelli, PC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Makhraz	First Name Victor	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0159	Amount of Contribution \$200.00
Residential Street Address 211 Sunrise Ter	City Bridgeport	State CT	Zip Code 06606	Date Received 03/25/2010		
Principal Occupation accountant	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Smith	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0225	Amount of Contribution \$100.00
Residential Street Address PO Box 833	City Old Lyme	State CT	Zip Code 06371	Date Received 03/25/2010		
Principal Occupation Civil Engineer	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ward	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0247	Amount of Contribution \$100.00
Residential Street Address 5 E Lake Rd	City Danbury	State CT	Zip Code 06811	Date Received 03/25/2010		
Principal Occupation Legal Assistant	Name of Employer Automated Waste Disposal, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03282010F <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Moore	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0175	Amount of Contribution \$250.00
Residential Street Address 24 E Main St	City Avon	State CT	Zip Code 06001	Date Received 03/26/2010		
Principal Occupation Attorney	Name of Employer Smith & Moore, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Jacobs	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0123	Amount of Contribution \$500.00
Residential Street Address 781 Tummel Ln	City West Haven	State CT	Zip Code 06516	Date Received 03/26/2010		
Principal Occupation Attorney	Name of Employer Jacobs & Jacobs		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Makhraz	First Name Moufid	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0158	Amount of Contribution \$250.00
Residential Street Address 104 Baros St	City Fairfield	State CT	Zip Code 06824	Date Received 03/26/2010		
Principal Occupation Manager	Name of Employer Lima Ceramtile		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Rapp	First Name Zachary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0204	Amount of Contribution \$30.00
Residential Street Address 5 Acre Dr	City Danbury	State CT	Zip Code 06811	Date Received 03/26/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03282010F <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Scheffler		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0217	Amount of Contribution
Residential Street Address 19 Stoney Point Rd		City Westport		State CT	Zip Code 06880		Date Received 03/26/2010	
Principal Occupation lawyer		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	
								\$2,000.00

Last Name Juliano		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0130	Amount of Contribution \$50.00
Residential Street Address 36 Hundred Acres Rd		City Newtown		State CT	Zip Code 06470	Date Received 03/26/2010		
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name casazza		First Name titus		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0045	Amount of Contribution
Residential Street Address 165 Grandview Dr		City Glastonbury		State CT	Zip Code 06033		Date Received 03/26/2010	
Principal Occupation Bussiness Owner		Name of Employer L.E Systems			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		\$2,000.00

Last Name Ameche		First Name Brian		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0007	Amount of Contribution
Residential Street Address 336 Foothills Rd			City Durham		State CT	Zip Code 06422	Date Received 03/26/2010	
Principal Occupation architect			Name of Employer marx okubo architects			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Glucksman		First Name L. Morris		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0105	Amount of Contribution
Residential Street Address 1085 Sunset Rd		City Stamford		State CT	Zip Code 06903		Date Received 03/27/2010	
Principal Occupation Attorney		Name of Employer Self-employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name vinconti		First Name fred		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0244		Amount of Contribution	
Residential Street Address 31 Mountainville Ave			City Danbury			State CT	Zip Code 06810		Date Received 03/27/2010		
Principal Occupation none			Name of Employer None				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		

Last Name Weiss		First Name Tobias		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0249	Amount of Contribution
Residential Street Address 130 Revonah Ave		City Stamford		State CT	Zip Code 06905		Date Received 03/27/2010	
Principal Occupation lawyer		Name of Employer self employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

Last Name gerard		First Name scott		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0101	Amount of Contribution
Residential Street Address 165 High Point Ln		City Fairfield		State CT	Zip Code 06824		Date Received 03/27/2010	
Principal Occupation attorney		Name of Employer murtha cullina llp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Elliott	First Name Angela	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0078	Amount of Contribution
Residential Street Address 24 McDermott Dr	City Danbury	State CT	Zip Code 06810	Date Received 03/28/2010		
Principal Occupation	Name of Employer USPS	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		
Last Name Shabecoff	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0222	Amount of Contribution
Residential Street Address 153 Riversville Rd	City Greenwich	State CT	Zip Code 06831	Date Received 03/28/2010		
Principal Occupation Invesrtments	Name of Employer Atlantic Street Capital Management	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Whitcombe	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0252	Amount of Contribution
Residential Street Address 60 Deer Hill Ave	City Danbury	State CT	Zip Code 06810	Date Received 03/28/2010		
Principal Occupation Physician	Name of Employer Women's Health Associates, PC	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name hamid	First Name rashid	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0111	Amount of Contribution
Residential Street Address 164 Dockereel Rd	City Tolland	State CT	Zip Code 06084	Date Received 03/28/2010		
Principal Occupation general contractor	Name of Employer naek construction co. inc	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name trojanowski-marconi	First Name louise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0238	Amount of Contribution
Residential Street Address 125 Whisconier Rd	City Brookfield	State CT	Zip Code 06804	Date Received 03/28/2010		
Principal Occupation assistant manager	Name of Employer Bank of America		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name tomaino	First Name anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0235	Amount of Contribution
Residential Street Address 27 Crows Nest Ln	City Danbury	State CT	Zip Code 06810	Date Received 03/28/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Arconti	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0012	Amount of Contribution
Residential Street Address 47 Forty Acre Mountain Rd	City Danbury	State CT	Zip Code 06811	Date Received 03/28/2010		
Principal Occupation financial planner	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03282010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name stollenwereck	First Name allyson	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0229	Amount of Contribution
Residential Street Address 27 Hermit Ln	City Westport	State CT	Zip Code 06880	Date Received 03/28/2010		
Principal Occupation consultant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name armaos		First Name mike		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0013	Amount of Contribution
Residential Street Address 15 August Mdws		City Ledyard		State CT	Zip Code 06339		Date Received 03/29/2010	
Principal Occupation owner		Name of Employer olympic hotel corp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$200.00

Last Name Skabardonis		First Name Panagiotis		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0223	Amount of Contribution
Residential Street Address 58 Marney Dr		City Middlebury		State CT	Zip Code 06762		Date Received 03/29/2010	
Principal Occupation Pizza Castle		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00
								\$1,000.00

Last Name Pakutka		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0187	Amount of Contribution
Residential Street Address 38 Totoket Rd		City Branford		State CT	Zip Code 06405		Date Received 03/29/2010	
Principal Occupation Consultant		Name of Employer The Crescent Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name goodman		First Name robert		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0108	Amount of Contribution
Residential Street Address 38 Old Town Hwy		City East Haven		State CT	Zip Code 06512		Date Received 03/29/2010	
Principal Occupation executive		Name of Employer porcelan ltd			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Parese	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0190	Amount of Contribution \$100.00
Residential Street Address 14 Taylor Dr	City Portland	State CT	Zip Code 06480	Date Received 03/30/2010		
Principal Occupation Attorney	Name of Employer Buckley & Wynne		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Carta	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0042	Amount of Contribution \$250.00
Residential Street Address 31 N Main St	City Greenwich	State CT	Zip Code 06426	Date Received 03/30/2010		
Principal Occupation Attorney	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Lazaridis	First Name Angelo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0148	Amount of Contribution \$1,000.00
Residential Street Address 491 Foote Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 03/30/2010		
Principal Occupation Bussiness Owner	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name McAnney	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0167	Amount of Contribution \$2,000.00
Residential Street Address 2605 Autumn Chase	City Ellington	State CT	Zip Code 06029	Date Received 03/30/2010		
Principal Occupation consultant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name McCauley	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0168	Amount of Contribution \$500.00
Residential Street Address 138 Sam Hill Rd	City Guilford	State CT	Zip Code 06437	Date Received 03/30/2010		
Principal Occupation Investment Advisor Agent	Name of Employer Self Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Parese	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0191	Amount of Contribution \$100.00
Residential Street Address 25 Tokeneke Dr	City North Haven	State CT	Zip Code 06473	Date Received 03/30/2010		
Principal Occupation Attorney	Name of Employer Parrett, Porto, Parese & Colwell, P.C.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Karp	First Name Burton	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0131	Amount of Contribution \$100.00
Residential Street Address 55 Main St # 33	City Ivoryton	State CT	Zip Code 06442	Date Received 03/30/2010		
Principal Occupation Consultant	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Reno	First Name rebecca	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0205	Amount of Contribution \$1,000.00
Residential Street Address 77 Far Hills Dr	City Avon	State CT	Zip Code 06001	Date Received 03/30/2010		
Principal Occupation retired	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Kessler	First Name Murry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0133	Amount of Contribution
Residential Street Address 16 Revere Rd	City New Milford	State CT	Zip Code 06776	Date Received 03/30/2010		
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						
Last Name Holstein	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0118	Amount of Contribution
Residential Street Address 337 Stonington Rd	City Stonington	State CT	Zip Code 06378	Date Received 03/30/2010		
Principal Occupation executive	Name of Employer First H&M Corp	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Garcia	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0098	Amount of Contribution
Residential Street Address 17 Loyal Ledge Ln	City Guilford	State CT	Zip Code 06437	Date Received 03/30/2010		
Principal Occupation Attorney	Name of Employer Garcia & Milas	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Koproski	First Name Alexander	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0140	Amount of Contribution
Residential Street Address 222 Oceanview Dr E	City Stamford	State CT	Zip Code 06904	Date Received 03/30/2010		
Principal Occupation real estate	Name of Employer Al Koproski Realty	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name mancuso	First Name jack	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0161	Amount of Contribution \$1,000.00
Residential Street Address PO Box 1191	City Enfield	State CT	Zip Code 06083	Date Received 03/30/2010	
Principal Occupation accountant	Name of Employer resources global professionals	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	
Last Name Avallone	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0016	Amount of Contribution \$100.00
Residential Street Address 1 Ashford Ct	City Wallingford	State CT	Zip Code 06492	Date Received 03/30/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Dranginis	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0074	Amount of Contribution \$250.00
Residential Street Address 352 Norfolk Rd	City Litchfield	State CT	Zip Code 06759	Date Received 03/31/2010	
Principal Occupation attorney	Name of Employer Rome McGuigan, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	
Last Name Kushigian Secor	First Name Julia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0144	Amount of Contribution \$100.00
Residential Street Address 8 Quarry Rd	City Waterford	State CT	Zip Code 06385	Date Received 03/31/2010	
Principal Occupation Professor	Name of Employer Connecticut College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Masters	First Name DI	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0165	Amount of Contribution \$375.00
Residential Street Address 100 S Salem Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 03/31/2010		
Principal Occupation msm	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00		
Last Name Masters	First Name DI	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0166	Amount of Contribution \$375.00
Residential Street Address 100 S Salem Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 03/31/2010		
Principal Occupation msm	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00		
Last Name Bowles	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0026	Amount of Contribution \$100.00
Residential Street Address 117 River Rd	City Preston	State CT	Zip Code 06365	Date Received 03/31/2010		
Principal Occupation Coordinator	Name of Employer LEARN		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name eppinger	First Name david	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0256	Amount of Contribution \$50.00
Residential Street Address 3 Fox Den Rd	City Danbury	State CT	Zip Code 06811	Date Received 03/31/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Jacobs	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0124	Amount of Contribution
Residential Street Address 11 Compo Pkwy	City Westport	State CT	Zip Code 06880	Date Received 03/31/2010		
Principal Occupation Attorney	Name of Employer Pryor Cashman		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Curry	First Name Carolanne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0059	Amount of Contribution
Residential Street Address 29 Hiawatha Lane Ext	City Westport	State CT	Zip Code 06880	Date Received 03/31/2010		
Principal Occupation camapaign consultant	Name of Employer self employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Danial	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0060	Amount of Contribution
Residential Street Address 5151 Collins Ave	City Miami Beach	State FL	Zip Code 33140	Date Received 03/31/2010		
Principal Occupation Investor	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Bergamo	First Name mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0255	Amount of Contribution
Residential Street Address 149 Laurel St	City West Haven	State CT	Zip Code 06516	Date Received 03/31/2010		
Principal Occupation attorney	Name of Employer marcus law firm		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name bysiewicz		First Name stanley		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0035	Amount of Contribution
Residential Street Address 124 S Plumb Rd		City Middletown		State CT	Zip Code 06457		Date Received 03/31/2010	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		\$2,000.00

Last Name bysiewicz		First Name nancy		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0036	Amount of Contribution
Residential Street Address 124 S Plumb Rd		City Middletown		State CT	Zip Code 06457	Date Received 03/31/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		

Last Name Ellovich		First Name Jack		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0080	Amount of Contribution
Residential Street Address 1 Gold St # 5E		City Hartford		State CT	Zip Code 06103		Date Received 03/31/2010	
Principal Occupation Certified Public Accountant		Name of Employer Jack Ellovich, CPA, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Fitch		First Name Matthew		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0091	Amount of Contribution
Residential Street Address 3379 Whitney Ave			City Hamden		State CT	Zip Code 06518	Date Received 03/31/2010	
Principal Occupation Consultant			Name of Employer Merriman River Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Faccadio	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0084	Amount of Contribution \$2,000.00
Residential Street Address 155 Margarite Road Ext	City Middletown	State CT	Zip Code 06457	Date Received 03/31/2010		
Principal Occupation attorney	Name of Employer Lisa Faccadio		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Paul	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0193	Amount of Contribution \$25.00
Residential Street Address 813 Summer Hill Rd	City Madison	State CT	Zip Code 06443	Date Received 03/31/2010		
Principal Occupation retired	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name smith	First Name valerie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0226	Amount of Contribution \$100.00
Residential Street Address 95 Dorrance St	City Hamden	State CT	Zip Code 06518	Date Received 03/31/2010		
Principal Occupation professor of English	Name of Employer quinipiac		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name spallone	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0227	Amount of Contribution \$200.00
Residential Street Address 13 Deep River Rd	City Middletown	State CT	Zip Code 06409	Date Received 03/31/2010		
Principal Occupation state rep/attorney	Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name schwartz	First Name ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0220	Amount of Contribution
Residential Street Address 61 Riverside Ave	City Stamford	State CT	Zip Code 06905	Date Received 03/31/2010		
Principal Occupation attorney	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name knight	First Name george	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0137	Amount of Contribution
Residential Street Address 210 Saint Ronan St	City New Haven	State CT	Zip Code 06511	Date Received 03/31/2010		
Principal Occupation architect	Name of Employer knight architecture llc		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						
Last Name Hill	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0115	Amount of Contribution
Residential Street Address 167 Pautipaug Hill Rd	City Baltic	State CT	Zip Code 06330	Date Received 03/31/2010		
Principal Occupation Attorney	Name of Employer Suisman & Shapiro		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Iovannes	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0121	Amount of Contribution
Residential Street Address 61 Pasture Ln	City Branford	State CT	Zip Code 06405	Date Received 03/31/2010		
Principal Occupation Funeral Director	Name of Employer Iovanne Funeral home		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Susan,2010, Inc.					Original 04/12/2010	
C1. Contributions from Other Committees						
Name of Committee Fr. of Susan 2010 (Exploratory)				Name of Treasurer Ted Doolittle		
Address 2264 Silas Deane Hwy .		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution	
City Rocky Hill	State CT	Zip Code	Date Received 01/25/2010	Aggregate Contributions \$195,605.44	\$195,605.44	
Name of Committee Fr. of Susan 2010 (Exploratory)				Name of Treasurer Ted Doolittle		
Address 2264 Silas Deane Hwy .		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution	
City Rocky Hill	State CT	Zip Code	Date Received 02/05/2010	Aggregate Contributions \$15,540.81	\$15,540.81	
Total of Section C1					\$211,146.25	

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Susan,2010, Inc.				Original 04/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE	
Friends Of Susan,2010, Inc.		Original 04/12/2010	
E. Personal Funds of the Candidate Received this Period			
Date Received 03/31/2010	Amount \$2,000.00	Method of Payment <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Total of Section E			\$2,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

F. Anonymous Contributions

Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
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Total of Section F	
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I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Susan,2010, Inc.				Original 04/12/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Friends Of Susan,2010, Inc.			Original 04/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Susan,2010, Inc.				Original 04/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 03/28/2010	Letter F	Dinner Event	176 Osbourne St	Danbury	CT 06810

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Susan,2010, Inc.				Original 04/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					01/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church Street Rocky HI	Rocky Hill	CT	06067	POST			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$88.00
Name of Payee					Date of Payment	Method of Payment	Amount
Anthem Health Plan					01/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
20 Bowling Green Dr	North Haven	CT	06473	WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$251.98
Name of Payee					Date of Payment	Method of Payment	Amount
David W. Mason					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
67 Burr St ,	West Hartford	CT	06107	WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Gray Brand					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
37 Thompson HI Roa		Canton	CT	06019	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
							\$200.00
Name of Payee					Date of Payment	Method of Payment	Amount
Updike, Kelly & Spellacy, PC					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1177</u> <input type="checkbox"/> Debit Card	
1 State St , P.O. Box 231277		Hartford	CT	06123	PRNT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
							\$116.48
Name of Payee					Date of Payment	Method of Payment	Amount
Mobil on the Go					01/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
427 S Main St		Middletown	CT	06457	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
							\$48.23

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Carol Tudisco					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
288 Sargeant St	Hartford	CT	06105	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$100.00

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					01/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$14.83
Other Candidate(s) Name				Office Sought			

Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
125 Clover St	Middletown	CT	06457	RCW			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$190.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
1225 Eye St NW Ste 1225	Washington	DC	20005	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$55.00

Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					01/15/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
156 Pierremount Ave	New Britain	CT	06053	WAGE			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$1,500.00

Name of Payee					Date of Payment	Method of Payment	Amount
Mobil on the Go					01/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
427 S Main St ,		Middletown	CT	06457	TRVL		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$46.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Laura E. Bartok					Date of Payment 01/20/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$927.13
Street Address 140 Carriage Rd	City Bristol	State CT	Zip Code 06010	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Laura E. Bartok					Date of Payment 01/20/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1182</u>	Amount \$72.82
Street Address 140 Carriage Rd	City Bristol	State CT	Zip Code 06010	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee USPS					Date of Payment 01/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$60.00
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Cumberland Farms					Date of Payment 01/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$45.04
Street Address 204 Marlborough St	City Portland	State OR	Zip Code 06480	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Commissioner of Revenue Services					Date of Payment 01/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$2,700.00
Street Address 25 Sigourney St P.O. Box 5032	City Hartford	State CT	Zip Code 06102	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Ethical Influence LLC					Date of Payment 01/22/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$123.95
Street Address 17 Oakledge Dr	City Ivoryton	State CT	Zip Code 06442	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Theodore Doolittle				01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5011</u>	
84 Walden St	West Hartford	CT	06107	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$105.00

Name of Payee				Date of Payment	Method of Payment	Amount
Secretary of the State				01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5005</u>	
PO Box 150470	Hartford	CT	06115	Misc *	<input type="checkbox"/> Debit Card	
Description					Event #	
corporate entity filing fee						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$50.00

Name of Payee				Date of Payment	Method of Payment	Amount
Secretary of the State				01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5008</u>	
PO Box 150470	Hartford	CT	06115	Misc *	<input type="checkbox"/> Debit Card	
Description					Event #	
corporate entity filing fee						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$50.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					01/25/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy		Wethersfield	CT	06109	PRNT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$37.50							
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					01/25/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy		Wethersfield	CT	06109	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$14.83							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					01/25/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St ,		Rocky Hill	CT	06067	POST		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$132.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
GoDaddy.com					01/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Go Daddy Group, Inc 14455 N Hayden Rd	Scottsdale	AZ	85260	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$73.36	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Thomas Weaver					01/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
721 Broad St	Meriden	CT	06067	REF			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$250.00	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					01/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagarstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$195.00	
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					01/31/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
156 Pierremount Ave	New Britain	CT	06053	WAGE			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$1,500.00

Name of Payee					Date of Payment	Method of Payment	Amount
David Mason					01/31/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input type="checkbox"/> Debit Card	
67 Burr St ,	West Hartford	CT	06457	WAGE			
Description						Event #	\$3,750.00
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							

Name of Payee						Date of Payment	Method of Payment	Amount
NGP Software, Inc.						02/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
1225 Eye St NW Ste 1225 Washington		Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card		
Description							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> No </div>								
\$2,025.00								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Zachary M. van Luling				02/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
521 Brimfield Rd	Wethersfield	CT	06109	WAGE		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$437.50

Name of Payee					Date of Payment	Method of Payment	Amount
MB Associates, LLC					02/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
83 Foxcroft Rd	West Hartford	CT	06119	CNSLT			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$7,420.00

Name of Payee				Date of Payment	Method of Payment	Amount
AT&T				02/02/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 8110	Aurora	IL	60507	OVHD		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$425.03

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
USPS				02/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St	Rocky Hill	CT	06067	POST		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> <div> <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No </div>						
						\$3.30

Name of Payee						Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC						02/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
191 Old Farms E		Middletown	CT	06457	CNSLT	<input type="checkbox"/> Debit Card		
Description							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$650.00								

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					02/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2010</u>		
191 Old Farms E	Middletown	CT	06457	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$16.30

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Data Management, Inc.				02/02/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 789	Farmington	CT	06034	OFFICE		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$245.28

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					02/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$20.00
Other Candidate(s) Name				Office Sought			

Name of Payee					Date of Payment	Method of Payment	Amount
BuzzMaker, LLC					02/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
322 Shepherd St	Washington	DC	20011	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$99.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
MB Associates, LLC					02/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2009</u>	
83 Foxcroft Rd ,		West Hartford	CT	06119	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	\$581.52
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Tangier International					02/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
668 Farmington Ave		West Hartford	CT	06119	FOOD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	\$36.81
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					02/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
PO Box 6600		Hagerstown	MD	21740	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	\$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					02/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3.15

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					02/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$122.36

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					02/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$56.30

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					02/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$7.70

Name of Payee					Date of Payment	Method of Payment	Amount
Harland Clarke					02/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
10931 Laureate Dr	San Antonio	TX	78249	OFFICE			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$19.45

Name of Payee						Date of Payment	Method of Payment	Amount
Susan Bysiewicz						02/04/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
125 Clover St		Middletown	CT	06457	RCW			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$46.50								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
BL Companies					02/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
355 Research Pkwy	Meriden	CT	06450	OVHD			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$50.00

Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Assocs., LLC					02/08/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
201 Grand Central Ave	Ripley	WV	25271	CNSLT			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$7,000.00

Name of Payee				Date of Payment	Method of Payment	Amount
Susan Bysiewicz				02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2015</u>	
125 Clover St ,	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$87.24

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
The Hartford					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 2907 Hartford		Hartford	CT	06104	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$452.00
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
The Hartford					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 2907 Hartford		Hartford	CT	06104	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$500.00
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Office of the Secretary of State					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 150470 Hartford		Hartford	CT	06115	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$9.35
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Mobil on th GO					02/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
427 S Mainstreet		Middletown	CT	06457	TRVL		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$33.72

Name of Payee					Date of Payment	Method of Payment	Amount
Simeones Mobil					02/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
176 West St	Cromwell	CT	06416	TRVL			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$15.00

Name of Payee					Date of Payment	Method of Payment	Amount
Shell Service Station					02/09/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
131 Brainard Rd	Hartford	CT	06114	TRVL			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$43.59

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount		
United States Treasury				02/11/2010	<input type="checkbox"/> Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card			
Department of the Treasury, Internal Revenue Service				Cincinnati	OH	45999	WAGE	
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
						\$874.17		
Name of Payee				Date of Payment	Method of Payment	Amount		
Mercury #34				02/12/2010	<input type="checkbox"/> Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card			
602 Boston Post Rd				Old Saybrook	CT	06475	TRVL	
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
						\$43.25		
Name of Payee				Date of Payment	Method of Payment	Amount		
COBRAToday Administration				02/15/2010	<input checked="" type="checkbox"/> Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card			
2302 International Ln				Madison	WI	53704	WAGE	
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
						\$661.18		

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Friends Of Susan,2010, Inc.							Original 04/12/2010
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
David W. Mason					02/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
67 Burr St	West Hartford	CT	06107	WAGE			
Description						Event #	\$3,750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					02/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
521 Brimfield Rd	Wethersfield	CT	06109	WAGE			
Description						Event #	\$875.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Assocs., LLC					02/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
201 Grand Central Ave	Ripley	WV	25271	CNSLT			
Description						Event #	\$1,006.62
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Wimberley					02/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
355 Interstate Street SW # S622		Washington	DC	20024	CNSLT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$3,750.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Wimberley					02/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2025</u>	
355 Interstate Street SW # S622		Washington	DC	20024	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$1,252.74							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					02/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$42.38							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Zachary M. van Luling				02/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2026</u>	
521 Brimfield Rd	Wethersfield	CT	06109	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$89.27

Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					02/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Andis Corp.,		Rocky Hill	CT	06109	TRVL		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$42.18

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					02/17/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St	Rocky Hill	CT	06067	POST			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$2.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee IOCA, Inc.					Date of Payment 02/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$29.95
Street Address 2211 N First St	City San Jose	State CA	Zip Code 95131	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Mobil On The Go					Date of Payment 02/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$35.06
Street Address 427 S Main St	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Mobil On The Go					Date of Payment 02/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$42.35
Street Address 427 S Main St	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					02/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St ,,		Rocky Hill	CT	06067	POST		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$13.65							
Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					02/25/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Andis Corp		Wethersfield	CT	06109	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$39.51							
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					02/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2032</u> <input type="checkbox"/> Debit Card	
521 Brimfield Rd		Wethersfield	CT	06109	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$21.19							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Zachary M. van Luling				02/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
521 Brimfield Rd	Wethersfield	CT	06109	WAGE		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$875.00

Name of Payee					Date of Payment	Method of Payment	Amount
David W. Mason					02/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
67 Burr St	West Hartford	CT	06107	WAGE			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$3,750.00

Name of Payee				Date of Payment	Method of Payment	Amount
2264 SDH,LLC				03/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2264 Silas Deane Hwy ,	Rocky Hill	CT	06067	OVHD		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$600.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					03/01/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Anthony Bonito		South Windsor	CT	06074	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$42.47							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					03/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
1225 Eye St NW Ste 1225		Washington	DC	20005	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$550.00							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					03/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St		Rocky Hill	CT	06067	POST		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$88.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					03/02/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
191 Old Farms E	Middletown	CT	06457	CNSLT			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$650.00

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					03/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
191 Old Farms E	Middletown	CT	06457	CNSLT			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$16.72

Name of Payee						Date of Payment	Method of Payment	Amount
BL Companies						03/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
355 Research Pkwy		Meriden	CT	06450	OVHD	<input type="checkbox"/> Debit Card		
Description							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$100.00								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					03/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2035</u>	
521 Brimfield Rd ,		Wethersfield	CT	06109	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$119.90							

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					03/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 6600		Hagerstown	MD	21740	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$201.29							

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					03/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 6600		Hagerstown	MD	21740	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$103.20							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					03/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$3.10	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					03/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
49 Putnam Blvd	Glastonbury	CT	06033	PRNT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$13.80	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Treasury					03/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Internal Revenue Service	Cincinapati	OH	45999	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$1,027.98	
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Mobil On The Go				03/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
427 S Main St , Middletown	Middletown	CT	06457	TRVL		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$41.93

Name of Payee					Date of Payment	Method of Payment	Amount						
ExxonMobil					03/08/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
929 Washington St	Middletown	CT	06457	TRVL									
Description						Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$20.01						

Name of Payee					Date of Payment	Method of Payment	Amount
Rick Sheiber					03/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
286 Sargeant St Fl 3	Hartford	CT	06105	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$2,100.00
Other Candidate(s) Name				Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
ExxonMOBil				03/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1340 Silas Deane Hwy	Wethersfield	CT	06109	TRVL		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$30.00

Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Assocs., LLC					03/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
201 Grand Central Ave	Ripley	WV	25271	CNSLT			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$3,500.00

Name of Payee					Date of Payment	Method of Payment	Amount
BuzzMaker, LLC					03/08/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
322 Shepherd St NW	Washington	DC	20011	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$99.00

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Friends Of Susan,2010, Inc.							Original 04/12/2010		
N. Expenses Paid By Committee									
Name of Payee					Date of Payment		Method of Payment		Amount
ExxonMobil					03/10/2010		<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
427 S Main St		Middletown		CT	06457	TRVL			
Description							Event #		\$39.91
Is this expenditure coordinated with another candidate for which reimbursement is sought?							Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Name of Payee					Date of Payment		Method of Payment		Amount
Ideal Printing Company, Inc.					03/10/2010		<input checked="" type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		<input type="checkbox"/> Debit Card	
PO Box 8488		New Haven		CT	06531	OFFICE			
Description							Event #		\$1,780.80
Is this expenditure coordinated with another candidate for which reimbursement is sought?							Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Name of Payee					Date of Payment		Method of Payment		Amount
ExxonMobil					03/12/2010		<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
Andis Corp, Wethersfield		Wethersfield		CT	06109	TRVL			
Description							Event #		\$39.99
Is this expenditure coordinated with another candidate for which reimbursement is sought?							Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Omar Alam					03/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
102 Grennan Rd W Hartford	West Hartford	CT	06107	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div> <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$1,500.00

Name of Payee						Date of Payment	Method of Payment	Amount
Zachary M. van Luling						03/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
521 Brimfield Rd , Wethersfield		Wethersfield	CT	06109	WAGE	<input type="checkbox"/> Debit Card		
Description							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$1,000.00								

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					03/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd , Glastonbury	Glastonbury	CT	06033	FNDR			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$59.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Shell Service Station					03/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
196 E Main St	Clinton	CT	06413	TRVL			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$45.60

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					03/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church Street Rocky HI	Rocky Hill	CT	06067	POST			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$51.32
Other Candidate(s) Name				Office Sought			

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					03/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church Street Rocky HI	Rocky Hill	CT	06067	POST			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$88.00
Other Candidate(s) Name				Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					03/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	PRNT		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$40.24

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					03/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
49 Putnam Blvd	Glastonbury	CT	06033	PRNT			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$50.30

Name of Payee				Date of Payment	Method of Payment	Amount
USPS				03/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St	Rocky Hill	CT	06067	POST		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$88.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					03/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Andis Corp		Wethersfield	CT	06109	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	\$33.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name _____ Office Sought _____							
Name of Payee					Date of Payment	Method of Payment	Amount
KM Buno Associates, LLC					03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
16 Fawn Dr		Wethersfield	CT	06492	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	\$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name _____ Office Sought _____							
Name of Payee					Date of Payment	Method of Payment	Amount
Anthem Blue Cross and Blue Shield					03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 11017		Lewiston	ME	04243	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$251.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name _____ Office Sought _____							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
First Data Merchant Services				03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2051</u>	
PO Box 17548	Denver	CO	80213	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$130.00

Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2047</u>		
521 Brimfield Rd	Wethersfield	CT	06109	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$185.13

Name of Payee				Date of Payment	Method of Payment	Amount
Zachary M. van Luling				03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2048</u> <input type="checkbox"/> Debit Card	
521 Brimfield Rd	Wethersfield	CT	06109	RCW		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$49.28

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
On-Site Support Services Corp					03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2044</u> <input type="checkbox"/> Debit Card	
2096 Silas Deane Hwy		Rocky Hill	CT	06067	EFV *		
Description						Event #	
laser jet printer warranty care pack							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$157.94							

Name of Payee					Date of Payment	Method of Payment	Amount
Barinard Road Shell					03/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
131 Brainard Rd		Hartford	CT	86114	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$36.77							

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					03/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$3.82							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee TSCM Technical Services					Date of Payment 03/23/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1122	Amount \$1,200.00
Street Address 11 Bayberry Ln	City Norwalk	State CT	Zip Code 06851	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Shell Service Station					Date of Payment 03/24/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount \$45.36
Street Address Hartford, CT	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure TRVL			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Barker Specialty Company					Date of Payment 03/26/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount \$1,500.00
Street Address 27 Realty Dr	City Cheshire	State CT	Zip Code 06410	Purpose of Expenditure A-OTH			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Barker Specialty Company				03/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
27 Realty Dr	Cheshire	CT	06410	A-OTH		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$1,322.25

Name of Payee					Date of Payment	Method of Payment	Amount						
ExxonMobil					03/29/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
Middletown	Middletown	CT	06457	TRVL									
Description						Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$35.85						

Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					03/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Andis Corp	Wethersfield	CT	06109	TRVL		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name <input type="text"/> </div> <div> Office Sought <input type="text"/> </div>							
							\$44.61

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
2264 SDH,LLC				03/31/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
c/o Kuzmak-Williams & Assoc., LLC, 2264	Rocky Hill	CT	06067	OVHD		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$600.00

Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
521 Brimfield Rd		Wethersfield	CT	06109	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00

Name of Payee				Date of Payment	Method of Payment	Amount
ExxonMobil				03/31/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Andis Corp	Wethersfield	CT	06109	TRVL		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$29.93

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
102 Grennan Rd	West Hartford	CT	06107	WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$1,500.00
Total of Section N							\$81,472.81

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 04/12/2010	
O. Campaign Expenses Paid By Candidate							
Name of Payee Horton, Shields, & Knox				Date of Payment 02/09/2010		Is Reimbursement Claimed?	
Street Address 90 Gillett		City Hartford		State CT	Zip Code 06105	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Expenditure CNSLT	Description				Event #		\$20,000.00
Name of Payee Horton, Shields, and Knox				Date of Payment 02/28/2010		Is Reimbursement Claimed?	
Street Address 95 Gillett St		City Hartford		State CT	Zip Code	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Expenditure CNSLT	Description				Event #		\$15,825.20
Total of Section O						\$35,825.20	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Susan,2010, Inc.					Original 04/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE			
Friends Of Susan,2010, Inc.					Original 04/12/2010			
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Fr. of Susan 2010 Expl.				Date Incurred 02/05/2010		Event #	Amount Incurred (Estimate or Actual)	
Street Address 2264 Silas Deane Hwy .			City Rocky Hill		State CT			Zip Code
Purpose of Expenditure SRPLS	Description Exploratory Surplus -- will be reconciled							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	\$305.96	
<div style="text-align: right;">Total of Section Q</div>								
							\$305.96	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant David Donaldson		Date of Payment 01/15/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1179		Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD		<input type="checkbox"/> Debit Card		
Street Address PO Box 8110		City Aurora	State IL	Zip Code 06457		
Description phone bill reimbursement					Event #	
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div></div> </div> <div> <div>Office Sought</div> <div></div> </div>						
\$190.00						

Name of Worker/Consultant laura bartok		Date of Payment 01/20/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1182		Amount
Secondary Payee mileage reimbursement		Purpose of Expenditure TRVL		<input type="checkbox"/> Debit Card		
Street Address		City	State	Zip Code		
Description travel reimbursement					Event #	
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div></div> </div> <div> <div>Office Sought</div> <div></div> </div>						
\$72.82						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant theodore doolittle	Date of Payment 01/22/2010	Method of Payment <input checked="" type="checkbox"/> Check # 5011	Amount	
Secondary Payee secretary of the states office	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address	City	State		Zip Code
Description corporate entity filing fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name				Office Sought
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$105.00	

Name of Worker/Consultant susan bysiewicz	Date of Payment 01/29/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2003	Amount	
Secondary Payee Mobile on the Go	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 427 S Main St	City Middletown	State CT		Zip Code 06457
Description gas reimbursement	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			\$42.65	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant susan bysiewicz		Date of Payment 02/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # 20013	Amount
Secondary Payee Mobile		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 31 North Ave	City Norwalk	State CT	Zip Code 06851	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$46.50

Name of Worker/Consultant susan bysiewicz		Date of Payment 02/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2015	Amount
Secondary Payee Simmons Mobile		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 170 West St	City Middletown	State CT	Zip Code 06457	
Description gas reimbursement			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$87.24

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010, Inc.	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Donaldson	02/15/2010	<input checked="" type="checkbox"/> Check # 2022 <input type="checkbox"/> Debit Card	
Secondary Payee	Purpose of Expenditure		
At&T	OVHD		
Street Address	City	State	
PO Box 8110	Aurora	IL	
Zip Code			
Description	Event #		
phone bill reimbursement			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$190.00

Name of Worker/Consultant jim cunningham		Date of Payment 02/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 7251	Amount \$1,006.62
Secondary Payee Delta Air & The Hampton Inn		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Waterchase Dr	City Rocky Hill	State CT	Zip Code 25271	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010, Inc.	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant david killian		Date of Payment 03/17/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2049	Amount
Secondary Payee Harolds Bridal		Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 19 Elm St	City New Haven	State CT	Zip Code 06510	
Description rental reinbursement			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$84.80

Total of Section R

\$3,727.11

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE			FILING DUE DATE	
Friends Of Susan,2010, Inc.			Original 04/12/2010	
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient			Original Purchase Amount of Item	
Street Address	City	State		Zip Code
Description				
Total of Section S				